

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567437

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2		/	1			
3		/	1			
4		/	1			
5		/	1			
6		/	1			
7		/	1			
8		/	1			
9		/	1			
10		/	1			
11		/	1			
12		/	1			
13		/	1			
14		/	1			
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50						
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			24			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						